

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re: _____ : Bankruptcy No. 17-22992-CMB
Randall W. Gentry & _____ : Chapter 7
Barbara H. Gentry _____ : Document No.
Debtors _____ :

Randall W. Gentry & _____ :
Barbara H. Gentry, _____ :
Movants _____ :
v. _____ :

No Respondent _____ :

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

Specify reason for amendment: The Debtors are amending Schedule E to update creditors holding unsecured Priority Claims.

Official Form 6 Schedules (Itemization of Changes Must Be Specified)

- ____ Summary of Schedules
____ Schedule A - Real Property
____ Schedule B - Personal Property
____ Schedule C - Property Claimed as Exempt
____ Schedule D - Creditors holding Secured Claims

Check one:

- Creditor(s) added
 NO creditor(s) added
 Creditor(s) deleted

- Schedule E - Creditors Holding Unsecured Priority Claims

Check one:

- Creditor(s) added
 NO creditor(s) added
 Creditor(s) deleted

- ____ Schedule F - Creditors Holding Unsecured Nonpriority Claims

Check one:

- Creditor(s) added
 NO creditor(s) added
 Creditor(s) deleted

- ____ Schedule G - Executory Contracts and Unexpired Leases

Check one:

- Creditor(s) added
 NO creditor(s) added
 Creditor(s) deleted

- ____ Schedule H - Codebtors

- ____ Schedule I - Current Income of Individual Debtor(s)

- ____ Schedule J - Current Expenditures of Individual Debtor(s)

- ____ Statement of Financial Affairs

- ____ Chapter 7 Individual Debtor's Statement of Intention

- ____ Chapter 11 List of Equity Security Holders

- ____ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims

- ____ Disclosure of Compensation of Attorney for Debtor

- ____ Other: _____

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Bankruptcy Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment as follows:

Pamela J. Wilson
810 Vermont Avenue
Pittsburgh, PA 15234

U.S. Bankruptcy Court
5414 U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219

Steven W. Albright, Bankruptcy Analyst
Office of the United States Trustee
Western District of Pennsylvania
Liberty Center, Suite 970
1001 Liberty Avenue
Pittsburgh, PA 15222

Department of the Treasury
Internal Revenue Service
Cincinnati, OH 45999

Internal Revenue Service
P.O. Box 7346
Philadelphia PA 19101-7346

Randall W. Gentry
1400 Main Street
Apt. 466
Canonsburg, PA 15317

Barbara H. Gentry
10935 Bristol Bay Drive, Apt 202
Bradenton, FL 34209-7707

Dated: August 18, 2021

Gross & Patterson, LLC
By: /s/ Alan R. Patterson, III
Alan R. Patterson III
Attorney for the Debtors
Gross & Patterson, LLC
707 Grant Street, Suite 2340
Pittsburgh, PA 15219
412-553-0140
PA I.D. No. 79798
apattersonlaw@protonmail.com

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

Fill in this information to identify your case:		
Debtor 1	Randall W. Gentry	
	First Name	Middle Name
Debtor 2	Barbara H. Gentry	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF PENNSYLVANIA, PITTSBURGH DIVISION	
Case number	17-22992-CMB	
(if known)		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	IRS Priority Creditor's Name	Last 4 digits of account number	\$7,077.59	\$7,077.59	\$0.00
		When was the debt incurred?	08/16/2021		
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations			
		<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input type="checkbox"/> Other. Specify _____			

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
2.2	IRS Priority Creditor's Name	Last 4 digits of account number	\$12,234.61
		When was the debt incurred?	10/18/2019
	PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations	
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government	
	Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify _____	
	<input type="checkbox"/> Yes		

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	Ally Financial Nonpriority Creditor's Name	Last 4 digits of account number 5276	\$0.00
		When was the debt incurred?	2014-02
	200 Renaissance Ctr Detroit, MI 48243-1300 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify Installment account	
	<input type="checkbox"/> Yes		

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
4.2	American Express Nonpriority Creditor's Name <u>PO Box 297871</u> <u>Fort Lauderdale, FL 33329-7871</u> Number Street City State Zip Code	Last 4 digits of account number 5243 When was the debt incurred? 1992-03	\$31,739.00
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Open account			
4.3	American Express Nonpriority Creditor's Name <u>PO Box 297871</u> <u>Fort Lauderdale, FL 33329-7871</u> Number Street City State Zip Code	Last 4 digits of account number 5653 When was the debt incurred? 1992-08-20	\$0.00
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account			
4.4	Avant Inc Nonpriority Creditor's Name <u>640 N La Salle Dr</u> <u>Chicago, IL 60654-3781</u> Number Street City State Zip Code	Last 4 digits of account number 8728 When was the debt incurred? 2015-09	\$20,360.00
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account			

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
4.5	Bank of America Nonpriority Creditor's Name PO Box 982238 El Paso, TX 79998-2238 Number Street City State Zip Code	Last 4 digits of account number 3888 When was the debt incurred? 2005-11	\$33,226.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account			
4.6	Bank of America Nonpriority Creditor's Name PO Box 982238 El Paso, TX 79998-2238 Number Street City State Zip Code	Last 4 digits of account number 6766 When was the debt incurred? 2015-12	\$19,046.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account			
4.7	Barclays Bank Delaware Nonpriority Creditor's Name PO Box 8803 Wilmington, DE 19899-8803 Number Street City State Zip Code	Last 4 digits of account number 2320 When was the debt incurred? 2014-06	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account			

Debtor 1 Gentry, Randall W. & Gentry, Barbara H.
 Debtor 2 _____

Case number (if known)

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4.8	Bb&t Nonpriority Creditor's Name	Last 4 digits of account number <u>1001</u>	<u>\$0.00</u>
PO Box 1847 Wilson, NC 27894-1847 Number Street City State Zip Code		When was the debt incurred? <u>2009-09</u>	
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Installment account</u> <input type="checkbox"/> Yes			
Chase Card Nonpriority Creditor's Name		Last 4 digits of account number <u>6519</u>	<u>\$15,617.00</u>
PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code		When was the debt incurred? <u>2014-09</u>	
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Revolving account</u> <input type="checkbox"/> Yes			
Citicards Cbna Nonpriority Creditor's Name		Last 4 digits of account number <u>6896</u>	<u>\$9,987.00</u>
PO Box 6241 Sioux Falls, SD 57117-6241 Number Street City State Zip Code		When was the debt incurred? <u>2012-06</u>	
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Revolving account</u> <input type="checkbox"/> Yes			

Debtor 1 Gentry, Randall W. & Gentry, Barbara H.
 Debtor 2 _____

Case number (if known)

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4.11	Citicards Cbna Nonpriority Creditor's Name	Last 4 digits of account number <u>9142</u>	\$0.00
PO Box 6241 Sioux Falls, SD 57117-6241 Number Street City State Zip Code		When was the debt incurred? <u>2010-12-31</u>	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>			
Citizens Bank Nonpriority Creditor's Name		Last 4 digits of account number <u>2769</u>	\$0.00
130 S Broad St New Tazewell, TN 37825-7236 Number Street City State Zip Code		When was the debt incurred? <u>2010-11</u>	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>			
Citizens One Auto Fin Nonpriority Creditor's Name		Last 4 digits of account number <u>7243</u>	\$0.00
480 Jefferson Blvd Warwick, RI 02886-1359 Number Street City State Zip Code		When was the debt incurred? <u>2010-12</u>	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>			

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
4.14	Dfs/webbank Nonpriority Creditor's Name <hr/> PO Box 81607 Austin, TX 78708-1607 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2377 When was the debt incurred? 2008-11-30 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	\$0.00
4.15	Discover Fin Svcs LLC Nonpriority Creditor's Name <hr/> PO Box 15316 Wilmington, DE 19850-5316 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3433 When was the debt incurred? 2013-04 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	\$0.00
4.16	Fia Cs Nonpriority Creditor's Name <hr/> PO Box 982238 EI Paso, TX 79998-2238 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7435 When was the debt incurred? 2007-07-06 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	\$0.00

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
4.17	Goldenvalley Lending Nonpriority Creditor's Name	Last 4 digits of account number	1517
		When was the debt incurred?	
	635 E State Highway 20 Upper Lake, CA 95485-8793 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes	
		Type of NONPRIORITY unsecured claim:	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
4.18	Granite State Manage Nonpriority Creditor's Name	Last 4 digits of account number	9924
		When was the debt incurred?	1995-01
	PO Box 3420 Concord, NH 03302-3420 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes	
		Type of NONPRIORITY unsecured claim:	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
4.19	Granite State Manage Nonpriority Creditor's Name	Last 4 digits of account number	0024
		When was the debt incurred?	1995-08
	PO Box 3420 Concord, NH 03302-3420 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Other. Specify Student Loan <input type="checkbox"/> Yes	
		Type of NONPRIORITY unsecured claim:	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Student Loan

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
4.20	Granite State Manage Nonpriority Creditor's Name PO Box 3420 Concord, NH 03302-3420 Number Street City State Zip Code	Last 4 digits of account number	0124
		When was the debt incurred?	1996-05
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	Student Loan		
4.21	Granite State Manage Nonpriority Creditor's Name PO Box 3420 Concord, NH 03302-3420 Number Street City State Zip Code	Last 4 digits of account number	9624
		When was the debt incurred?	1995-01
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	Student Loan		
4.22	Granite State Manage Nonpriority Creditor's Name PO Box 3420 Concord, NH 03302-3420 Number Street City State Zip Code	Last 4 digits of account number	9724
		When was the debt incurred?	1995-08
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	Student Loan		

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
4.23	Granite State Manage Nonpriority Creditor's Name PO Box 3420 Concord, NH 03302-3420 Number Street City State Zip Code	Last 4 digits of account number	9824
		When was the debt incurred?	1996-05
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	Student Loan		
4.24	Key Bank NA Nonpriority Creditor's Name 4910 Tiedeman Rd Brooklyn, OH 44144-2338 Number Street City State Zip Code	Last 4 digits of account number	3547
		When was the debt incurred?	2006-05
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account	
4.25	Lendingclub Corporate Nonpriority Creditor's Name 71 Stevenson St San Francisco, CA 94105-2934 Number Street City State Zip Code	Last 4 digits of account number	8657
		When was the debt incurred?	2015-07-03
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account	

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
4.26	Macy's/dsnb Nonpriority Creditor's Name PO Box 8218 Mason, OH 45040-8218 Number Street City State Zip Code	Last 4 digits of account number 4553 When was the debt incurred? 2015-10	\$296.00
Who incurred the debt? Check one. <p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </p> Is the claim subject to offset? <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p> <p> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account </p>			
4.27	Missouri Higher Educ Nonpriority Creditor's Name 633 Spirit Dr Chesterfield, MO 63005-1243 Number Street City State Zip Code	Last 4 digits of account number 0001 When was the debt incurred? 2015-12	\$57,273.00
Who incurred the debt? Check one. <p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </p> Is the claim subject to offset? <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p> <p> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Student Loan </p>			
4.28	MoneyLion, Inc. Nonpriority Creditor's Name PO Box 1547 Sandy, UT 84091-1547 Number Street City State Zip Code	Last 4 digits of account number 9291 When was the debt incurred?	\$1,263.77
Who incurred the debt? Check one. <p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </p> Is the claim subject to offset? <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p> <p> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify </p>			

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
4.29	Prosper Marketplace In Nonpriority Creditor's Name <u>101 2nd St Fl 15</u> <u>San Francisco, CA 94105-3672</u> Number Street City State Zip Code	Last 4 digits of account number <u>1337</u> When was the debt incurred? <u>2015-07</u>	\$17,225.00
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u> 			
Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 			
4.30	Regions Bank Nonpriority Creditor's Name <u>PO Box 11007</u> <u>Birmingham, AL 35288-0001</u> Number Street City State Zip Code	Last 4 digits of account number <u>2865</u> When was the debt incurred? <u>2015-05</u>	\$12,451.00
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u> 			
4.31	Regions Bank Nonpriority Creditor's Name <u>1900 5th Ave N</u> <u>Birmingham, AL 35203-2610</u> Number Street City State Zip Code	Last 4 digits of account number <u>4855</u> When was the debt incurred? <u>2007-07</u>	\$0.00
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Type of NONPRIORITY unsecured claim: <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u> 			
Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 			

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
4.32	Regions Bank DBA Reg Nonpriority Creditor's Name PO Box 110 Hattiesburg, MS 39403-0110 Number Street City State Zip Code	Last 4 digits of account number 6427 When was the debt incurred? 2002-07	\$0.00
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.33	Rise Nonpriority Creditor's Name 4150 International Plz Fort Worth, TX 76109-4892 Number Street City State Zip Code	Last 4 digits of account number 0124 When was the debt incurred? 2016-02-04	\$2,252.00
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account	
4.34	Sallie Mae Nonpriority Creditor's Name PO Box 3229 Wilmington, DE 19804-0229 Number Street City State Zip Code	Last 4 digits of account number 7905 When was the debt incurred? 2015-12	\$3,251.00
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ Student Loan	

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
4.35	Sofi Lending Corp Nonpriority Creditor's Name	Last 4 digits of account number	8551
		When was the debt incurred?	2015-10
	375 Healdsburg Ave Ste 2 Healdsburg, CA 95448-4150	As of the date you file, the claim is: Check all that apply	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Installment account	
4.36	Suntrust Bank Nonpriority Creditor's Name	Last 4 digits of account number	3492
		When was the debt incurred?	2006-07
	700 E Hill Ave Knoxville, TN 37997-6000	As of the date you file, the claim is: Check all that apply	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.37	Syncb/ashley Homestore Nonpriority Creditor's Name	Last 4 digits of account number	4758
		When was the debt incurred?	2016-05
	950 Forrer Blvd Kettering, OH 45420-1469	As of the date you file, the claim is: Check all that apply	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Revolving account	

Debtor 1 Debtor 2	<u>Gentry, Randall W. & Gentry, Barbara H.</u>	Case number (if known)	<u>17-22992-CMB</u>
4.38	<u>Syncb/dicks</u> Nonpriority Creditor's Name <u>PO Box 965005</u> <u>Orlando, FL 32896-5005</u> Number Street City State Zip Code	Last 4 digits of account number <u>4495</u> When was the debt incurred? <u>2012-11-11</u>	<u>\$0.00</u>
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>			
4.39	<u>Syncb/paypal Extras Mc</u> Nonpriority Creditor's Name <u>PO Box 965005</u> <u>Orlando, FL 32896-5005</u> Number Street City State Zip Code	Last 4 digits of account number <u>9301</u> When was the debt incurred? <u>2013-06</u>	<u>\$6,804.00</u>
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>			
4.40	<u>U S Department of Ed</u> Nonpriority Creditor's Name <u>PO Box 5609</u> <u>Greenville, TX 75403-5609</u> Number Street City State Zip Code	Last 4 digits of account number <u>1061</u> When was the debt incurred? <u>1999-04</u>	<u>\$0.00</u>
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify			

Debtor 1 Debtor 2	<u>Gentry, Randall W. & Gentry, Barbara H.</u>	Case number (if known)	<u>17-22992-CMB</u>
4.41	U S Department of Ed Nonpriority Creditor's Name <u>PO Box 5609</u> <u>Greenville, TX 75403-5609</u> Number Street City State Zip Code	Last 4 digits of account number	<u>1924</u>
		When was the debt incurred?	<u>1995-08-25</u>
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.42	US Bancorp Nonpriority Creditor's Name <u>PO Box 5227</u> <u>Cincinnati, OH 45201-5227</u> Number Street City State Zip Code	Last 4 digits of account number	<u>9427</u>
		When was the debt incurred?	<u>2012-07</u>
		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	
4.43	US Bank Nonpriority Creditor's Name <u>4325 17th Ave S</u> <u>Fargo, ND 58125-6200</u> Number Street City State Zip Code	Last 4 digits of account number	<u>3997</u>
		When was the debt incurred?	<u>2002-09</u>
		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Gentry, Randall W. & Gentry, Barbara H.
 Debtor 2 _____

Case number (if known)

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4.44	US Bank Nonpriority Creditor's Name	Last 4 digits of account number <u>5111</u>	When was the debt incurred? <u>2002-09</u>	unknown
4325 17th Ave S Fargo, ND 58125-6200 Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
4.45	Wells Fargo Auto Finan Nonpriority Creditor's Name	Last 4 digits of account number <u>9001</u>	\$0.00	
When was the debt incurred? <u>2012-11</u>				
PO Box 29704 Phoenix, AZ 85038-9704 Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
4.46	Wells Fargo Bank Nv NA Nonpriority Creditor's Name	Last 4 digits of account number <u>0001</u>	\$0.00	
When was the debt incurred? <u>2013-03</u>				
PO Box 94435 Albuquerque, NM 87199-4435 Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				

Debtor 1 Gentry, Randall W. & Gentry, Barbara H.
 Debtor 2 _____

Case number (if known)

17-22992-CMB

4.47	Wells Fargo na/dillards Nonpriority Creditor's Name Credit Bureau DISPUTES PO Box 10347 Des Moines, IA 50306-0347 Number Street City State Zip Code	Last 4 digits of account number <u>4696</u>	\$0.00
		When was the debt incurred? <u>2013-09-13</u>	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address Amex Correspondence PO Box 981540 El Paso, TX 79998-1540	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.2</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number <u>5243</u>
Name and Address Amex Correspondence PO Box 981540 El Paso, TX 79998-1540	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.3</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number <u>5653</u>
Name and Address Avant Credit, Inc 640 N La Salle Dr Ste 535 Chicago, IL 60654-3731	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number <u>8728</u>
Name and Address Bank of America NC4-105-03-14 PO Box 26012 Greensboro, NC 27420-6012	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.5</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number <u>3888</u>
Name and Address Bank of America NC4-105-03-14 PO Box 26012 Greensboro, NC 27420-6012	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.6</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number <u>6766</u>
Name and Address Barclays Bank Delaware 100 S West St Wilmington, DE 19801-5015	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number <u>2320</u>

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
Chase Card Attn: Correspondence Dept PO Box 15298 Wilmington, DE 19850-5298		Line <u>4.9</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	6519
Name and Address Citibank Citicorp Cr Svcs/Centralized Bankruptcy PO Box 790040S Louis, MO 63129		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.11</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	9142
Name and Address Citicards Cbna Citicorp Credit Svc/Centralized Bankrupt PO Box 790040 Saint Louis, MO 63179-0040		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.10</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	6896
Name and Address Citizens Bank Attn: Bankruptcy 443 Jefferson Blvd MSC RJW-135 Warwick, RI 02886		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.13</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	7243
Name and Address Dell Financial Services Attn: Bankruptcy PO Box 81577 Austin, TX 78708-1577		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.14</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	2377
Name and Address Dillards Card Svcs/Wells Fargo Bank NA PO Box 10347 Des Moines, IA 50306-0347		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.47</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	4696
Name and Address Discover Financial PO Box 3025 New Albany, OH 43054-3025		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	3433
Name and Address First Bank Puerto Rico Attn: Bankruptcy 9795 S Dixie Hwy Pinecrest, FL 33156-2806		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.16</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	7435
Name and Address Lending Club Corp 71 Stevenson St Ste 300 San Francisco, CA 94105-2985		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.25</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	8657
Name and Address MOHELA Attn: Bankruptcy 633 Spirit Dr Chesterfield, MO 63005-1243		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.27</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
		Last 4 digits of account number	0001
Name and Address Navient Attn: Claims Dept PO Box 9500 Wilkes Barre, PA 18773-9500		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.34</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	7905
Name and Address New Hampshire Higher Ed/Granite State Mg Attn: Bnakruptcy 4 Barrell Ct Concord, NH 03301-8543		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	9924
Name and Address New Hampshire Higher Ed/Granite State Mg Attn: Bnakruptcy 4 Barrell Ct Concord, NH 03301-8543		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.19</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	0024
Name and Address New Hampshire Higher Ed/Granite State Mg Attn: Bnakruptcy 4 Barrell Ct Concord, NH 03301-8543		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.20</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	0124
Name and Address New Hampshire Higher Ed/Granite State Mg Attn: Bnakruptcy 4 Barrell Ct Concord, NH 03301-8543		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.21</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	9624
Name and Address New Hampshire Higher Ed/Granite State Mg Attn: Bnakruptcy 4 Barrell Ct Concord, NH 03301-8543		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.22</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	9724
Name and Address New Hampshire Higher Ed/Granite State Mg Attn: Bnakruptcy 4 Barrell Ct Concord, NH 03301-8543		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.23</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	9824
Name and Address Prosper Marketplace Inc PO Box 396081 San Francisco, CA 94139-6081		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.29</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	1337
Name and Address		On which entry in Part 1 or Part 2 did you list the original creditor?	

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
Regions Bankcard Attn: Bankruptcy 1900 5th Ave N # 300 Birmingham, AL 35203-2610		Line 4.31 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	4855
Regions Mortgage Bankruptcy PO Box 18001 Hattiesburg, MS 39404-8001		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.32 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	6427
Rise Credit Customer Support PO Box 101808 Fort Worth, TX 76185-1808		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.33 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	0124
Sofi Lending Corp 375 Healdsburg Ave Ste 280 Healdsburg, CA 95448-4151		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.35 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	8551
Suntrust Bk Attn:Bankruptcy Dept PO Box 85092 Richmond, VA 23285-5092		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.36 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	3492
Syncb/Ashley Homestore PO Box 965064 Orlando, FL 32896-5064		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.37 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	4758
Synchrony Bank/Care Credit Attn: Bankruptcy PO Box 956060 Orlando, FL 32896-5060		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.38 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	4495
Synchrony Bank/Gap Attn: Bankruptcy PO Box 956060 Orlando, FL 32896-5060		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.39 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	9301
US Bank Attn: Bankruptcy PO Box 5229 Cincinnati, OH 45201-5229		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.42 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	9427
US Bank/Rms Cc Card Member Services PO Box 108 Saint Louis, MO 63166-0108		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.43 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number	3997

Debtor 1 Debtor 2	Gentry, Randall W. & Gentry, Barbara H.	Case number (if known)	17-22992-CMB
Name and Address US Bank/Rms Cc Card Member Services PO Box 108 Saint Louis, MO 63166-0108	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.44</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	5111	
Name and Address US Dept of Education Attn: Bankruptcy PO Box 16448 Saint Paul, MN 55116-0448	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.40</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	1061	
Name and Address US Dept of Education Attn: Bankruptcy PO Box 16448 Saint Paul, MN 55116-0448	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.41</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	1924	
Name and Address Visa Dept Store National Bank/Macy's Attn: Bankruptcy PO Box 8053 Mason, OH 45040-8053	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.26</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	4553	
Name and Address Wells Fargo Auto Finance Attn: Bankruptcy PO Box 29704 Phoenix, AZ 85038-9704	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.45</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	9001	
Name and Address Wells Fargo Bank Attn: Bankruptcy PO Box 94435 Albuquerque, NM 87199-4435	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.46</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	0001	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	\$ <u>19,312.20</u>
	6c. Claims for death or personal injury while you were Intoxicated	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	\$ <u>19,312.20</u>
Total claims from Part 2	6f. Student loans	Total Claim \$ <u>61,638.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	\$ <u>255,903.77</u>

Debtor 1 Gentry, Randall W. & Gentry, Barbara H.
Debtor 2 _____

Case number (if known) 17-22992-CMB

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ 317,541.77